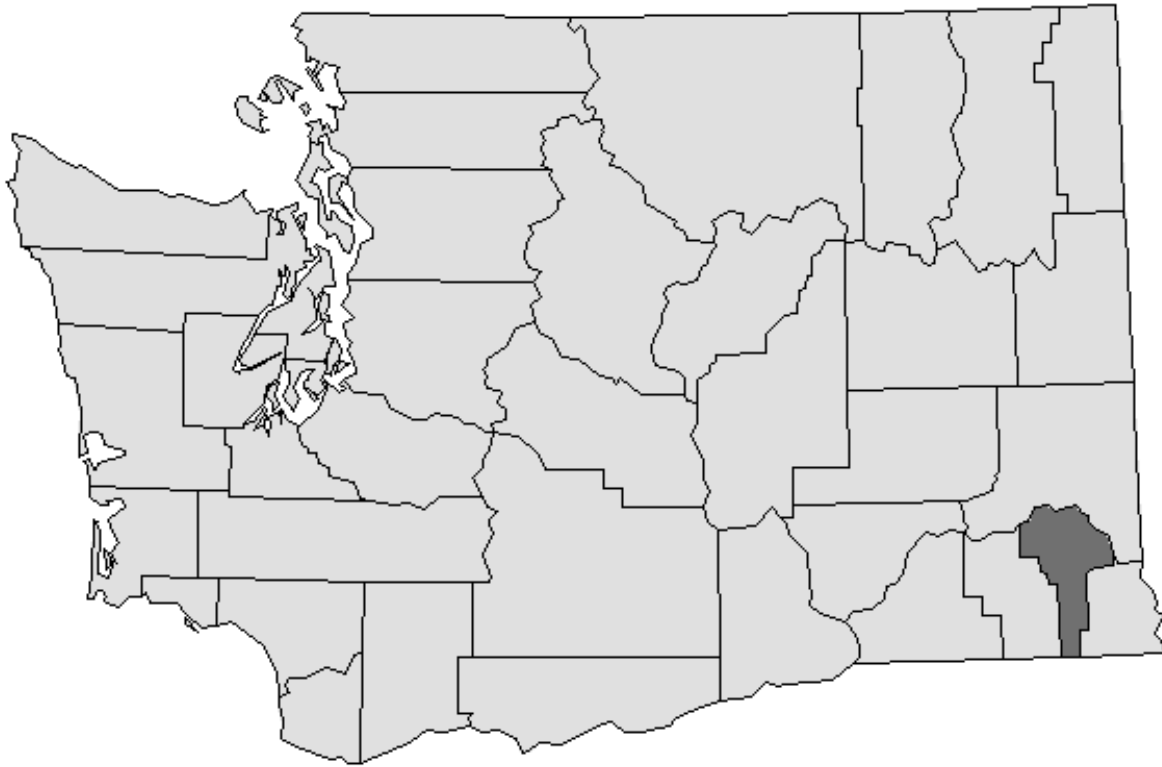


County Profile of Substance Use and Need for Treatment Services in Garfield County



**Washington State Department of
Social and Health Services**

**Division of Alcohol
and Substance Abuse**

Research and Data Analysis

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The Purpose of This Report

The purpose of this report is to provide local planners and evaluators with information that can be used to compare need for and utilization of substance abuse services in counties and demographic subpopulations. The methods used for these county profiles update and improve upon the analyses presented in the first set of county profiles published in 1996. The new county profiles are also complemented by a more comprehensive report located on the DSHS Internet site which includes more detail on methods and additional breakdowns of results. The shorter county profiles are designed to summarize county-specific information and to be printable for distribution as a paper report. Each county profile provides the following:

- estimates of the demographic characteristics of each county population;
- estimates of substance use, substance use disorder, and need for treatment based on the Washington State Needs Assessment Household Survey (WANAHS);
- service utilization data from the Division of Alcohol and Substance Abuse's treatment assessment database (TARGET); and
- comparisons of need for services and use of services both county-wide and by demographic subgroup

The Washington Needs Assessment Household Survey (WANAHS)

The WANAHS was a statewide survey of over 7,000 adults designed to measure the prevalence of substance use and need for treatment. It was conducted over a 14-month period from September 1993 through October 1994. Funding was provided by a grant from the Federal Center for Substance Abuse Treatment. The Washington State Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) section conducted the project on behalf of the DSHS Division of Alcohol and Substance Abuse. Telephone interviewing was provided by Washington State University's Social and Economic Sciences Center. The WANAHS sample included large numbers of minorities and other special groups in order to facilitate demographic analyses. The WANAHS sample included approximately equal numbers of interviews with African Americans, Asians, Hispanics, American Indians, and non-Hispanic Whites. Additional samples of people living at or below 200% of the Federal Poverty Level (FPL), rural residents, and women were interviewed adding coverage of important, but sometimes overlooked, populations. The survey instrument had questions about current and past use of or dependence on major drugs of abuse. Further details of the interviewing and survey methods are provided in the more detailed on-line report. Upon weighting the WANAHS sample to match the actual population distribution, the survey provides direct statewide estimates of substance use and as well as the need for substance abuse services. A statewide profile is also available as a companion report.

Methods for Estimating County-level Prevalence Rates. In order to derive current county level estimates for substance use, abuse and need for treatment from the statewide survey, it was necessary to construct a demographically specified population matrix for each county against which the statewide survey-based rates could be applied. The population matrix contained counts of persons in all groups defined by age, sex, race, marital status, high school graduation, poverty status (at or below 200% of the Federal Poverty Level), and residence type. The population groups were developed from 1990 U. S. decennial census data and updated with current estimates for age, sex, and race from DSHS. All annual estimated and forecasted population figures are adjusted to match official Washington State population figures from the Office of Financial Management.

The substance use variables from the WANAHS were analyzed by the demographic variables listed above. Logistic regression models estimated rates for each cell in the demographic matrix. Differences

between counties in estimated rates of substance abuse result from the demography of the county. For example, counties with higher proportions of young adults will have higher rates of current substance use than counties with lower proportions of young adults, because young adults are more likely to be using substances. Similarly, since married persons are less likely to report substance use, a county with more married people will have a lower estimate of need. Details for this method, often referred to as synthetic estimation, are provided in a more comprehensive on-line report.

Measures of Substance Use, Substance Use Disorder, and Need for Treatment

The WANAHS obtained measures of use and abuse for many different substances. Those have been presented in previous DASA reports. Some of those measures are also reported here in Tables 2 and 3. Note that tobacco use was not included in the survey. Basic measures of use include having: a) ever used a substance (lifetime use), b) used a substance in the past 12 months (past 18 months for alcohol), and c) used a substance in the past 30 days (current). In addition, the household survey incorporated items and scales from the widely used Diagnostic Interview Schedule (DIS) to assess the substance-related diagnoses of the American Psychiatric Association's Diagnostic and Statistical Manual, Third Edition - Revised (DSM-III-R). Lifetime and past 18 month measures of substance abuse and substance dependence were obtained. Table 1 shows the symptom constructs which are part of the DSM-III-R diagnoses of substance abuse and dependence. Although there have been some changes in the diagnostic criteria with the release of DSM-IV, those are unlikely to greatly affect the present findings.

Table 1. DSM III-R Symptoms of Substance Dependence

Three or more of the following:

1. Substance is often taken in larger amounts or over a longer period than the person intended.
2. Persistent desire or one or more unsuccessful attempts to cut down or control substance use.
3. Great deal of time spent in activities necessary to get the substance, taking the substance or recovering from its effects.
4. Frequent intoxication or withdrawal when expected to fulfill major role obligations or when use is physically hazardous.
5. Important social, occupational or recreational activities given up or reduced because of substance use.
6. Continued use despite knowledge of having a persistent or recurrent social, psychological or physical problem.
7. Marked tolerance or markedly diminished effect with continued use of same amount.
8. Characteristic withdrawal symptoms.
9. Substance often taken to relieve or avoid withdrawal symptoms.

Specific assessment criteria for several measures of problem use are presented below:

DSM-III-R Lifetime Dependence: A person is diagnosed with lifetime dependence if:

1. they have ever had three or more symptoms of dependence, and
2. at least two of those symptoms lasted a month or more or occurred repeatedly over a longer period of time.

DSM-III-R Lifetime Abuse: A person is diagnosed with lifetime abuse if:

1. they do not have a lifetime diagnosis of substance dependence;
2. they have ever continued substance use despite having recurrent social, occupational, psychological or physical problems exacerbated by it OR used repeatedly in situations where use is physically hazardous (determined from a subset of questions used to assess dependence symptoms); and
3. at least one symptom lasted a month or more or occurred repeatedly over a longer period of time.

Past 18 Month Substance Use Disorder: A person is diagnosed with a past 18 month substance use disorder if:

1. they have a diagnosis of lifetime dependence or abuse;
2. they have used a substance in the last 18 months, and
3. they have experienced a DSM-III-R abuse or dependence symptom in the last 18 months.

Past Year Need for Treatment: A respondent needs treatment during the past year if:

1. they have a past 18 month substance use disorder; OR,
2. they "ever had a problem or felt addicted to alcohol or drugs" AND used alcohol or drugs regularly during the past 18 months (i.e. they drank an average of 3 drinks per drinking day at least once per week OR they used marijuana 50 times or more OR they used any other illicit drug 11 times or more); OR,
3. they have received licensed residential or outpatient treatment services during the past 12 months; OR,
4. they have maintained a very high level of alcohol or drug use during the past 18 months (i.e. they drank an average of 4 drinks per drinking day at least 3 to 4 times per week OR they used any illicit drug 50 times or more).

Population Groups for Analysis

Overall prevalence estimates for the various measures of substance use, disorder, and need for treatment in Table 2 and the demographically-specific estimates of treatment need in Table 3 are given for three primary populations of interest:

- **entire adult population** (age 18+) including those living in households, institutions (prisons, hospitals, and nursing homes) and group quarters (military barracks, college dorms, shelters). Residential setting is defined according to the U.S. Bureau of the Census definition. The estimates for this population are based on WANAHS survey rates, except that for the institutional population, particularly those in prison, the rates in the WANAHS survey have been inflated beyond the rates for corresponding demographic cell in the household population to compensate for higher rates in these institutional populations.
- **adult population living in households** regardless of poverty status. Estimates for this column come directly from the WANAHS.
- **adult population living in households and living at or below 200% of the Federal Poverty Level (FPL).** Estimates for this population are based on a subset of survey respondents living at or below 200% of the federal poverty guidelines which approximates people potentially eligible for publicly funded treatment services. The proportion of persons in poverty is not updated from the 1990 census data but is adjusted with changes in age, sex, and race.

Estimates of Substance Use, Disorder, and Need for Treatment

Table 2 presents current, one-year, and lifetime estimates for a variety of alcohol and drug measures. Within each of the columns is a presentation of the estimated number of cases and percent (the rate per 100) of adults estimated to be in need. The population base or denominators for the percentages can be found in the Total row of Table 3.

**Table 2. Estimates of Substance Use, Disorder, and Service Need
for 1998 for Garfield County**

	Entire Adult Population*		Adult Household Residents		Adults at or below 200% of Poverty	
	Cases	Rate	Cases	Rate	Cases	Rate
Need for treatment						
Current Need for Substance Treatment	160	8.8	155	8.8	52	10.3
Alcohol or Drug disorder	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Alcohol or Drug Use Disorder	238	13.2	233	13.2	75	14.9
Past 18-Month Alcohol or Drug Use Disorder	110	6.1	108	6.1	36	7.1
Alcohol disorder	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Alcohol Use Disorder	194	10.8	190	10.8	57	11.3
Past 18-Month Alcohol Use Disorder	101	5.6	99	5.6	30	6.0
Drug disorder	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Drug Use Disorder	81	4.5	80	4.5	31	6.1
Past 18-Month Drug Use Disorder	27	1.5	27	1.5	11	2.2
Alcohol use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Alcohol	1,677	92.9	1,635	92.8	449	88.4
Past 18-Month Use of Alcohol	1,276	70.7	1,243	70.6	293	57.6
Past 30-Day Use of Alcohol	1,002	55.5	975	55.4	220	43.4
Use of any drug	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Any Illicit Drug	651	36.1	639	36.3	180	35.5
Past 12-Month Use of Any Illicit Drug	147	8.1	144	8.2	48	9.4
Past 30-Day Use of Any Illicit Drug	76	4.2	75	4.3	30	5.9
Marijuana use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Marijuana	627	34.7	616	34.9	172	33.9
Past 12-Month Use of Marijuana	136	7.5	134	7.6	43	8.5
Past 30-Day Use of Marijuana	74	4.1	73	4.1	27	5.4
Stimulant use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Stimulants	281	15.6	275	15.6	97	19.0
Past 12-Month Use of Stimulants	31	1.7	30	1.7	13	2.5
Past 30-Day Use of Stimulants	13	0.7	13	0.7	4	0.7
Cocaine use	Cases	Rate	Cases	Rate	Cases	Rate
Lifetime Use of Cocaine	207	11.4	203	11.5	60	11.8
Past 12-Month Use of Cocaine	24	1.3	23	1.3	11	2.1
Past 30-Day Use of Cocaine	8	0.4	8	0.4	2	0.5

* Includes institutions and group quarters

Estimates of Current Need for Substance Abuse Services

Table 3 presents estimates of the prevalence of current need for substance abuse services by demographics. As in the previous table, the columns correspond to the total adult population, the household adult population, and adults in households at or below 200% of the Federal Poverty Level. These have current need estimates of 10.4%, 10.1%, and 11.9%, respectively. As can be seen, there is

substantial demographic variability in the estimated rates with higher estimates of need for: younger persons, men, American Indian or Alaskan Natives and Whites, those never married, high school graduates, and those living at or below 200% of poverty. Estimates are also higher for those in institutions and group quarters.

Table 3. Estimates of Current Need for Substance Abuse Treatment for Garfield County for 1998

	Entire Adult Population*			Adult Household Residents			Adults at or below 200% Poverty		
Group	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
Total	160	1,804	8.8	155	1,762	8.8	52	508	10.3
Age	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
01-17	Not Available			Not Available			Not Available		
18-24	46	172	26.9	46	172	26.9	15	58	26.6
25-44	74	575	12.9	74	575	12.9	28	180	15.4
45-64	26	568	4.5	25	564	4.4	6	111	5.7
65+	13	489	2.7	10	451	2.1	3	158	1.8
Sex	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
Male	109	877	12.5	106	858	12.3	37	219	16.7
Female	50	927	5.4	50	904	5.5	16	289	5.5
Ethnicity	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
White-NH	155	1,773	8.7	151	1,731	8.7	50	491	10.1
Black-NH	0	0	.	0	0	.	0	0	.
Asian	0	4	3.5	0	4	3.5	0	1	6.1
Native Am.**	3	12	24.8	3	12	24.8	2	9	21.7
Hispanic	1	14	9.7	1	14	9.7	1	7	10.1
Marital	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
Married	76	1,259	6.1	76	1,252	6.1	18	261	7.0
Div/Sep/Wid	32	343	9.2	30	318	9.4	14	167	8.2
Never Mar	52	202	25.5	49	192	25.5	21	80	25.6
Education	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
Not HS Grad	28	347	8.1	27	326	8.2	7	157	4.3
HS Graduate	131	1,457	9.0	128	1,436	8.9	46	351	13.0
Poverty	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
Below 200%	57	549	10.3	52	508	10.3	52	508	10.3
Above 200%	103	1,255	8.2	103	1,254	8.2	0	0	.
Residence	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop	Rate
Residential	155	1,762	8.8	463,016	1,762	26277.9	52	508	10.3
Institutional	4	42	10.3	.	0	.	0	0	.
Group quarters	0	0	7.3	.	0	.	0	0	.

* Includes institutions and group quarters

** American Indian or Alaskan Native.

Treatment Assessment Report Generation Tool

The Division of Alcohol and Substance Abuse maintains a database of services provided under its programs. This is called the Treatment Assessment Report Generation Tool (TARGET). Reporting is required for treatment agencies providing public sector contracted or funded treatment services and optional for private pay individuals served. Thus TARGET includes data on services provided by or funded by DASA. Although sometimes included in TARGET, we did not report services funded by private payment, or private insurance, or services provided by private practitioners or detoxification provided as part of a medical admission. TARGET information collection is based on establishing a baseline at admission to treatment and capturing/identifying changes to that baseline upon discharge thus providing information on progress during treatment.

The present report draws from services data in TARGET provided to the non-institutionalized population during the five-year period from 1994 through 1998. DASA services provided to prisoners through the Department of Corrections are not included in this report. The services are summarized in three types of units designated: clients, admissions, and volume.

* *Clients* designates the number of persons who have received DASA services within the year for each of the reported categories. These counts are unduplicated such that a person only counts once for a reported type of service even if they have received multiple instances of service within that type.

* *Admissions (admits)* designates the number of identified admissions to programs within a type, and can be duplicated for an individual if that person is readmitted to the same service or is admitted to a different service within the same reporting category. When a person is admitted once for services spanning the end of a year, the admission is credited proportionally to both years. Thus a person admitted on December 1 and discharged on January 31 would be counted as having half an admission in each year.

* *Volume* is a measure of contacts. For inpatient and residential services the unit of volume is the day. A day is credited for each whole or partial day in the program. A person admitted today and discharged tomorrow would count as having two days in the program. For outpatient programs the unit of volume is the contact/visit. Thus a person who had individual therapy on Monday and Friday of a week would be credited with two visits, as would a person having an individual and a group therapy visit on the same day.

We have provided summaries of service usage in two categorizations. The primary categories for reporting services are by the modality indicated on the admission record. These include a number of specific modalities such as "intensive inpatient", and "long term residential." These detailed modalities are summarized into 1) inpatient, 2) outpatient, 3) methadone and 4) total, for most tables. In addition to summaries by modality, we have provided summaries by specific type of activity within the outpatient and methadone modalities. Although not included in the summaries above, we have also included "detox," "transitional housing," and "dual diagnosis" tabulations under the category "supportive interventions."

Service Trends from TARGET Database

Table 4 presents the service summary trends for the time period from 1994 to 1998. It includes inpatient, outpatient, methadone, and total. Generally, patterns are consistent over time with some suggestion of decreased inpatient usage over time.

Table 4. Service Trends for 1994-1998 for Garfield County					
Clients	1994	1995	1996	1997	1998
Inpatient Summary	1	1	3	1	1
Outpatient Summary	26	34	42	36	21
Methadone Summary	0	0	0	0	0
Tota (Inpatient,Outpatient,Methadone)	26	35	44	37	21
Admits	1994	1995	1996	1997	1998
Inpatient Summary	1	1	3	1	1
Outpatient Summary	18	18	40	19	10
Methadone Summary	0	0	0	0	0
Total (Inpatient,Outpatient,Methadone)	19	19	43	20	11
Volume	1994	1995	1996	1997	1998
Inpatient summary - days	21	21	94	22	8
Outpatient summary - services	289	421	395	335	156
Methadone summary - services	0	0	0	0	0

Note: Total service volume is omitted because it would mix days and services.

Service Use by Modality and Activity

Table 5 presents the detailed breakout of service utilization by modality and activity. Specifically, within inpatient, outpatient, and methadone modalities, specific service activities are identified. For each modality and activity the number of clients, number of admissions, and service volumes are presented. The average volume per admission is also presented.

Table 5. Service Use by Modality and Activity for 1998 for Garfield County

SERVICE SUMMARIES	Clients	Admissions	Volume	Volume/Adm.
Inpatient Summary	1	1	8	8.0
Outpatient Summary	21	10	156	15.6
Methadone Summary	0	0	0	.
Any Treatment	21	11	Not appl.	Not appl.
INPATIENT	Clients	Admissions	Volume	Volume/Adm.
II -Intensive Inpatient	0	0	0	.
LT -Long Term Residential	0	0	0	.
MR -MICA Residential	1	1	8	8.0
EC -Extended Care	0	0	0	.
RH -Recovery House	0	0	0	.
OUTPATIENT MODALITY	Clients	Admissions	Volume	Volume/Adm.
MO -MICA Outpatient	0	0	0	.
GC -Group Care	0	0	0	.
OP -Outpatient	21	10	156	15.6
METHADONE MODALITY	Clients	Admissions	Volume	Volume/Adm.
MT -Methadone Rx	0	0	0	.
OUTPATIENT ACTIVITY	Clients	Admissions	Volume	Volume/Adm.
OP-I Individual	21	16	85	5.4
OP-G Group	10	5	71	15.2
OP-J Conjoint - Family with Client	0	0	0	.
OP-F Family without Client	0	0	0	.
OP-C Childcare	0	0	0	.
OP-M Case Management	0	0	0	.
OP-A Acupuncture	0	0	0	.
OP-U Urinalysis	0	0	0	.
METHADONE ACTIVITY	Clients	Admissions	Volume	Volume/Adm.
MT-I Individual	0	0	0	.
MT-G Group	0	0	0	.
MT-J Conjoint - Family with Client	0	0	0	.
MT-F Family without Client	0	0	0	.
MT-C Childcare	0	0	0	.
MT-M Case Management	0	0	0	.
MT-A Acupuncture	0	0	0	.
MT-R Methadone Adjustment	0	0	0	.
MT-U Urinalysis	0	0	0	.
SUPPORTIVE INTERVENTIONS (Not in Summary)	Clients	Admissions	Volume	Volume/Adm.
DX -Detox	0	0	0	.
TH -Transitional Housing	0	0	0	.
DD -Dual Diagnosis	0	0	0	.

Service Use by Demographics

The next two tables present service summaries for modalities by demographics. Table 6 presents summaries for inpatient and outpatient services. Table 7 presents summaries for methadone and total substance abuse services.

**Table 6. Inpatient and Outpatient Substance Abuse Services
by Demographics for 1998 for Garfield County**

St/Co total	Inpatient			Outpatient		
	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Total	1	1	8	21	10	156
Age	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-17	0	0	0	6	3	29
18-24	0	0	0	2	2	8
25-44	1	1	8	10	5	86
45-64	0	0	0	3	0	33
65+	0	0	0	0	0	0
Sex	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Male	0	0	0	13	8	105
Female	1	1	8	8	2	51
Race/ethnicity	Clients	Admissions	Volume*	Clients	Admissions	Volume*
White-NH	1	1	8	20	9	154
Black-NH	0	0	0	0	0	0
Native Am	0	0	0	1	1	2
Marital status	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Married	0	0	0	6	2	62
Sep/Wid/Div	1	1	8	7	4	45
Single	0	0	0	8	4	49
Education	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Not HS Grad	0	0	0	8	4	44
H.S. Graduate	1	1	8	13	6	112
Household income	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-1500/mo	1	1	8	18	10	107
1501-5000	0	0	0	3	0	49
Residence	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Household	1	1	8	21	10	156
Group quarters	0	0	0	0	0	0

* Inpatient volume is days. Outpatient volume is service contacts.

** American Indian or Alaskan Native.

**Table 7. Methadone and Total Substance Abuse Services
by Demographics for 1998 for Garfield County**

St/Co total	Methadone			Total (In/Out/Meth)		
	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Total	0	0	0	21	11	Not appl.
Age	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-17	0	0	0	6	3	Not appl.
18-24	0	0	0	2	2	Not appl.
25-44	0	0	0	10	6	Not appl.
45-64	0	0	0	3	0	Not appl.
65+	0	0	0	0	0	Not appl.
Sex	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Male	0	0	0	13	8	Not appl.
Female	0	0	0	8	3	Not appl.
Race/ethnicity	Clients	Admissions	Volume*	Clients	Admissions	Volume*
White-NH	0	0	0	20	10	Not appl.
Black-NH	0	0	0	0	0	Not appl.
Native Am	0	0	0	1	1	Not appl.
Marital status	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Married	0	0	0	6	2	Not appl.
Sep/Wid/Div	0	0	0	7	5	Not appl.
Single	0	0	0	8	4	Not appl.
Education	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Not HS Grad	0	0	0	8	4	Not appl.
H.S. Graduate	0	0	0	13	7	Not appl.
Household income	Clients	Admissions	Volume*	Clients	Admissions	Volume*
0-1500/mo	0	0	0	18	11	Not appl.
1501-5000	0	0	0	3	0	Not appl.
Residence	Clients	Admissions	Volume*	Clients	Admissions	Volume*
Household	0	0	0	21	11	Not appl.
Group quarters	0	0	0	0	0	Not appl.

* Methadone volume is service contacts. No volume is provided for Total.

** American Indian or Alaskan Native.

Comparisons of Need and Services Funded through DASA

The last analysis presented in this report is a comparison of rates of estimated need for services with rates of utilization of services. This comparison of use to need, in which the number of persons being served is presented as a percentage of the number of persons estimated to be in need, is called *met need*. To the extent that met need falls short of 100%, the shortfall is called *unmet need*.

This comparison is presented in Table 8 to facilitate identification of populations which are using fewer services than would be expected from the estimated need. Statewide, the use to need rate tends to run around 20%, suggesting a rather large amount of unmet need for treatment. However, the services identified in this comparison are only from the public sector. It is reasonable to expect that the private sector, either through insurance or self-pay, would meet some additional proportion of the estimated need. On the other hand, the estimates of need used in the comparison came only from households at or below 200% of the poverty level, who may lack any alternative to public services.

The comparisons show that some groups have less unmet need than others. This occurs in part because some populations are more likely to seek treatment than others and some programs may be better in their outreach to some populations than others. The differences may also be the result of the true local rate of need being greater or less than the estimates provided.

Table 8. Rates of Current Need for Treatment, Use of DASA Treatment Services, and Ratio of Use to Need by Demographics for Garfield County Adults Living in Households, 1998

	At or below 200% of Poverty			DASA Target Clients		Need Met by DASA(%)
	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Total	508	52	10.3	15	3.0	28.6
Age	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
18-24	58	15	26.6	2	3.4	13.0
25-44	180	74	15.4	10	5.6	13.4
45-64	111	6	5.7	3	2.7	47.4
65+	158	3	1.8	0	0.0	0.0
Sex	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Male	219	37	16.7	10	4.6	27.4
Female	289	16	5.5	5	1.7	31.5
Race/ethnicity	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
White-NH	491	50	10.1	14	2.9	28.1
Black-NH	0	0	.	0	.	.
Asian	1	0	6.1	0	0.0	0.0
Native Am.*	9	2	21.7	1	11.3	51.9
Hispanic	7	1	10.1	0	0.0	0.0
Marital	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Married	261	18	7.0	6	2.3	33.0
Sep/Wid/Div	167	14	8.2	7	4.2	51.1
Single	80	21	25.6	2	2.5	9.7
Education	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Below HS	157	7	4.3	2	1.3	30.0
HS Grad	351	46	13.0	13	3.7	28.4

* American Indian or Alaskan Native.

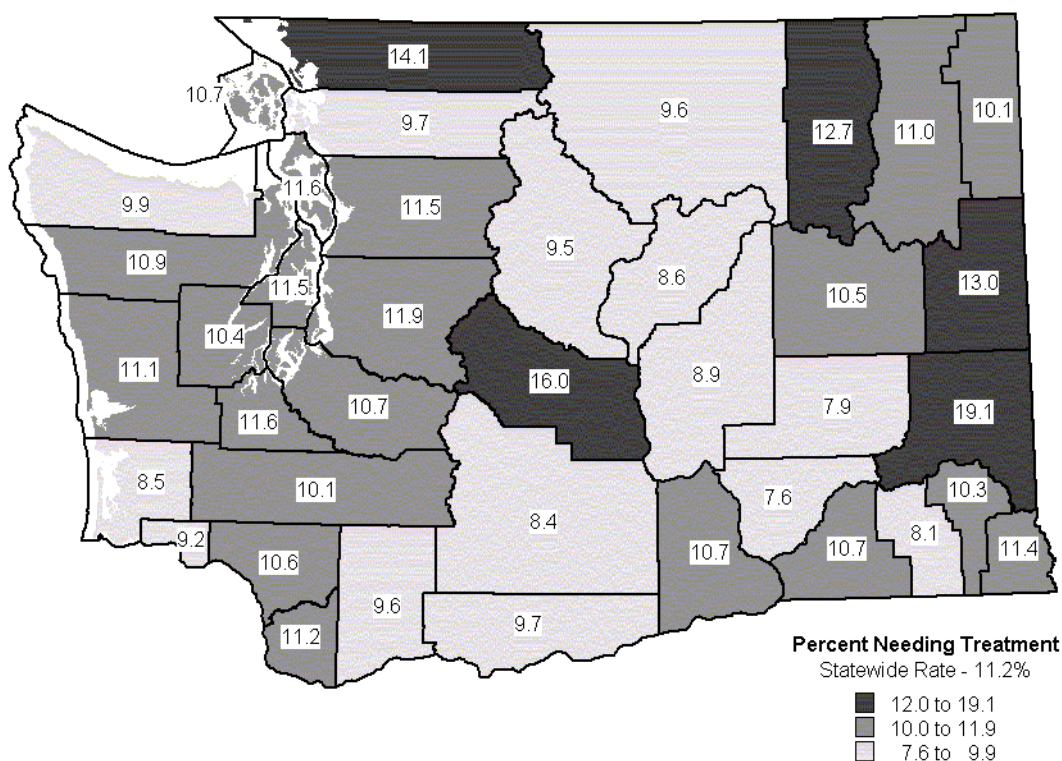
Table 9 presents the trends in the relationship between estimated need for services by adults at or below 200% of poverty and the utilization of services by services eligible adults. Youth below age 18 were not included in these comparisons because they were not included in the WANAHS survey. Although the estimated numbers in need of services change with fluctuations in the population, the overall rates of need remain relatively stable in most counties. There is somewhat more variation over time in the reported use of services and consequently in the use to need ratio.

Table 9. Rates of Current Need for Treatment, Use of DASA Treatment Services, and Ratio of Use to Need for Garfield County Adults Living in Households by Year

	At or below 200% of Poverty			DASA Clients		Need Met by DASA(%)
	Population	Treatment Need	Need/Pop	Clients	Use/Pop	Use/Need
Adults-1994	498	51	10.3	13	2.6	25.4
Adults-1995	498	52	10.5	20	4.0	38.3
Adults-1996	508	53	10.4	30	5.9	56.7
Adults-1997	505	53	10.4	28	5.5	53.2
Adults-1998	508	52	10.3	15	3.0	28.6

The distribution of estimated current need for substance treatment, treatment provided by DASA, and the percentage of need met by DASA are presented in the following maps for the year 1998. These estimates are for the adult population in households and are based on the demographic composition of the counties.

Current Need for Substance Abuse Treatment Services
Among Adults Living in Households At or Below 200% FPL, 1998



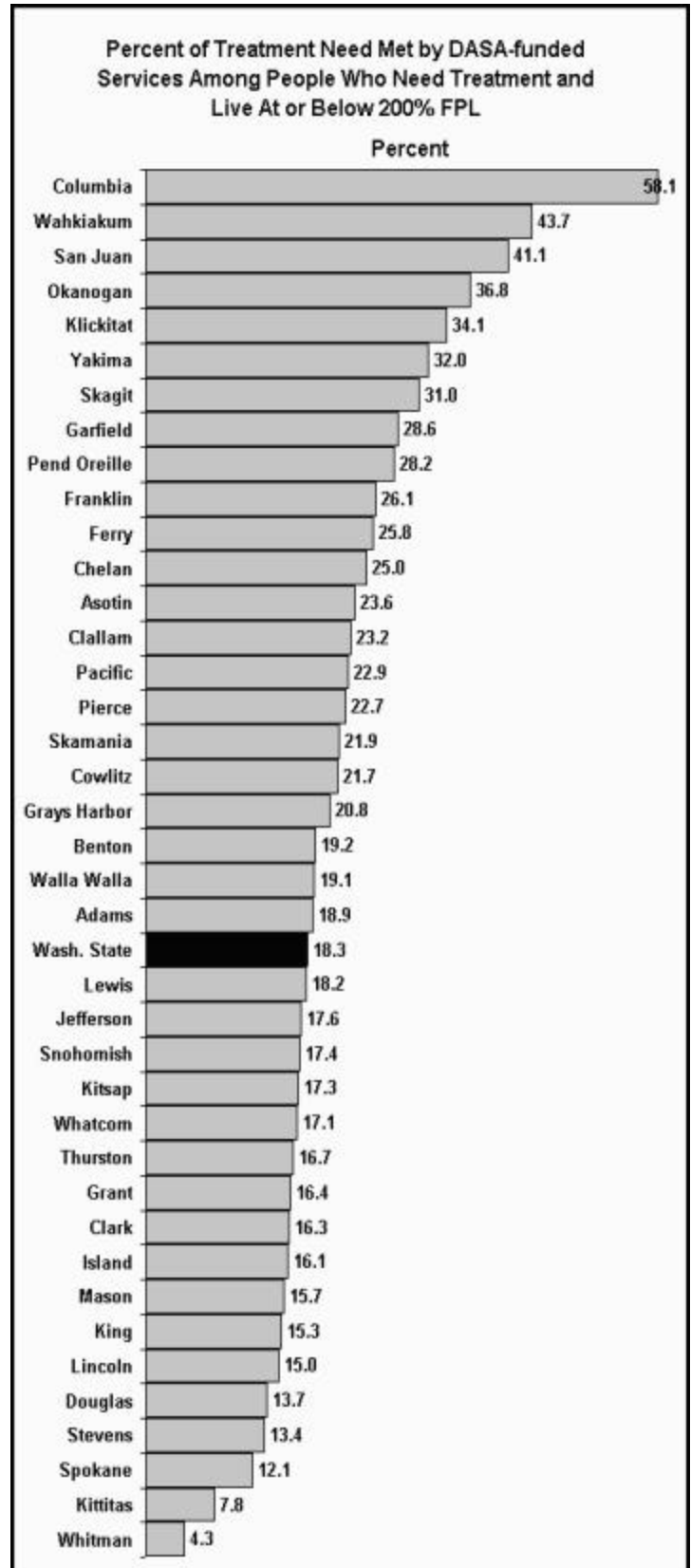
Percent Using Treatment
Statewide Rate - 2.1%

County	Percent Using Treatment
Adams	2.8
Asotin	3.5
Benton	3.3
Blaine	1.5
Chelan	2.4
Columbia	1.2
Cowlitz	1.6
Douglas	1.6
Ferry	0.8
Franklin	1.5
Garfield	1.3
Grant	1.5
Grays Harbor	2.0
Island	2.0
Jackson	2.0
Kittitas	2.4
Klickitat	2.7
Lincoln	2.1
Mason	3.3
Metcalf	4.7
Multnomah	3.0
Naselle	2.0
Okanogan	2.0
Pacific	2.0
Pend Oreille	2.0
Pierce	1.8
Portland	1.8
San Juan	1.9
Snohomish	2.3
Snoqualmie	2.3
Spokane	3.0
Stevens	2.4
Suquamish	2.0
Tacoma	1.9
Thurston	1.9
Walla Walla	1.8
Washello	1.6
Whitman	2.0
Yakima	2.0

[illegible]

Table 10. Rates of Current Need for Treatment, Use of DASA Treatment, and Ratio of Use to Current Need by County for Washington State Adults Living in Households at or Below 200% FPL, 1998

Adults Living At or Below 200% FPL						
		Need Treatment		Use DASA Treatment		Use/Need
County	Total	Number	% of Total	Number	% of Total	Percent
Wash. State	962,573	107,823	11.2	19,755	2.1	18.3
Adams	4,534	359	7.9	68	1.5	18.9
Asotin	4,340	496	11.4	117	2.7	23.6
Benton	23,549	2,528	10.7	486	2.1	19.2
Chelan	15,250	1,450	9.5	363	2.4	25.0
Clallam	14,071	1,398	9.9	325	2.3	23.2
Clark	53,015	5,939	11.2	969	1.8	16.3
Columbia	1,190	96	8.1	56	4.7	58.1
Cowlitz	19,047	2,011	10.6	437	2.3	21.7
Douglas	7,331	630	8.6	86	1.2	13.7
Ferry	2,024	256	12.7	66	3.3	25.8
Franklin	13,390	1,012	7.6	264	2.0	26.1
Garfield	508	52	10.3	15	3.0	28.6
Grant	20,624	1,843	8.9	303	1.5	16.4
Grays Harbor	16,915	1,874	11.1	389	2.3	20.8
Island	11,210	1,295	11.6	209	1.9	16.1
Jefferson	6,200	677	10.9	119	1.9	17.6
King	212,311	25,212	11.9	3,845	1.8	15.3
Kitsap	31,264	3,587	11.5	620	2.0	17.3
Kittitas	8,593	1,379	16.0	108	1.3	7.8
Klickitat	5,248	508	9.7	173	3.3	34.1
Lewis	16,604	1,685	10.1	307	1.8	18.2
Lincoln	2,408	253	10.5	38	1.6	15.0
Mason	9,902	1,029	10.4	161	1.6	15.7
Okanogan	12,441	1,196	9.6	440	3.5	36.8
Pacific	6,292	538	8.5	123	2.0	22.9
Pend Oreille	3,160	319	10.1	90	2.8	28.2
Pierce	110,913	11,884	10.7	2,695	2.4	22.7
San Juan	1,905	204	10.7	84	4.4	41.1
Skagit	17,191	1,672	9.7	519	3.0	31.0
Skamania	2,323	224	9.6	49	2.1	21.9
Snohomish	66,860	7,657	11.5	1,335	2.0	17.4
Spokane	86,087	11,150	13.0	1,346	1.6	12.1
Stevens	9,833	1,083	11.0	145	1.5	13.4
Thurston	32,352	3,759	11.6	626	1.9	16.7
Wahkiakum	870	80	9.2	35	4.0	43.7
Walla Walla	11,174	1,195	10.7	228	2.0	19.1
Whatcom	29,796	4,201	14.1	718	2.4	17.1
Whitman	10,062	1,925	19.1	83	0.8	4.3
Yakima	61,787	5,166	8.4	1,652	2.7	32.0



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